THE BLADDER

"Whenever some disease threatens the bladder, it is discerned by these symptoms. After a little food, a sense of fullness is found to annoy: heavy breathing and flatulence appear: belching, and pallor of the whole body. Sleep is heavy and unwholesome: the urine is thin, watery, and is passed with great difficulty, and there are buboes or oedemata about the pudenda.

"When signs and prognostics of this kind are manifest, it will be helpful to use remedies for stimulating and increasing the urine. Parsley and fennel roots, in white wine, fine and fragrant, tender and well cooked, are excellent for this, and may be used without danger: only two cups of broth, or three ounces, should be given daily; obviously, morning and evening, with water of parsnips, myrrh, or *enulae campanae,* whichever of these is at hand, for each of them is equally beneficial. If the sick person will drink the liquid of tender, cooked cicer with wine, absolutely the same result will follow.

"Whoever imprudently neglects the signs and remedies written here, may fear the following diseases: dropsy, tumor of the spleen, liver trouble, lithiosis, nephritis, strangury, colic, and griping of the bowels.

"Besides, in all the signs and diseases which we have mentioned up to this point, it will be suitable to give milder remedies to infants and children, and stronger and more powerful ones to older people."

CLINICAL NOTES AND CASE REPORTS

A CONVENIENT METHOD OF MAINTAINING SPECIMENS OF SEMEN AT BODY TEMPERATURE*

By SAMUEL HANSON, M. D.
Stockton

IN the diagnosis and treatment of sterility, condom specimens of semen have to be used after a considerable lapse of time following ejaculation. Under these circumstances it becomes necessary to find means to protect the specimen against chilling. The following procedure is recommended as a practical solution of the problem of keeping the specimen at body temperature during its transportation to the physician's office.

The condom is freed from air and tied at its open end. The specimen is securely and snugly tied to a hard rubber ring pessary of sixty-five millimeters in diameter, or less. The pessary, together with the condom, is well lubricated and inserted into the vagina. The specimen is left in place until the patient's arrival at the office and until everything is in readiness for the examination or treatment.

The above procedure is so simple that a patient of average intelligence can be readily instructed in its performance.

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* From the San Joaquin General Hospital.

CARBON MONOXID DIABETES

REPORT OF CASE

By HOBART ROGERS, M. D.
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THERE has recently come to my attention a case of diabetes the onset of which seemed definitely related to an attack of carbon monoxid poisoning.

REPORT OF CASE

J. D. J., a white adult male, aged thirty-five years, referred to me by Dr. Ergo A. Majors, was perfectly well until December 5, 1929. He had, five days previously, passed a life insurance examination which included a urinalysis. On December 5, he was overcome by the exhaust gases of a truck, the exhaust pipe of which was broken in such a way that the exhaust gases were allowed to rise and fill a partially enclosed cab. He was removed to a hospital, where physicians in attendance found glycosuria and hyperglycemia, as well as the presence of carbon monoxyhemoglobin in the blood. He received diet and insulin therapy in the hospital over a period of four weeks.

When first seen by me on January 25, 1930, he was complaining of attacks of sudden onset consisting of amblyopia, nausea, vertigo and headache, lasting from a few minutes to an hour. Symptoms of diabetes such as polyphagia, polydipsia, polyuria, frequency, and pruritus were absent, and, according to the statement of the patient, had never been present.

Except for a possible rheumatic inflammation of a knee at the age of nineteen, this patient had always been unusually sturdy and strong. Two brothers, a sister, and three children were living and well. No case of diabetes had occurred in his family.

Physical examination was indicative of an unusually vigorous physique. His height was five feet ten inches, weight 183 pounds, blood pressure 110/70. The pupillary reactions were normal, and the sinuses transilluminated normally. All the teeth had been extracted and full artificial dentures provided. The tonsils were small and apparently not infected. The thyroid gland was normal in size. The heart, lungs, and abdomen appeared entirely normal. The prostate was small and not tender, and the expressed fluid was normal appearing.

Glycosuria was present. The blood sugar, however, was only 101 milligrams per 100 cubic centimeters. A few days later a carbohydrate tolerance test was performed using a test-meal of 100 grams of glucose. The results were as follows:

	Blood sugar
Fasting	196 mgs. per 100 cc.
One-half hour after meal	336 mgs. per 100 cc.
One hour after meal	300 mgs. per 100 cc.
Two hours after meal	284 mgs. per 100 cc.
Three hours after meal	170 mgs. per 100 cc.

On a diet of carbohydrate 105 grams, protein 75 grams, and fat 180 grams (calories 2340) per day, he required at first twenty-four units of insulin daily. Within three months, he was able to remain free from glycosuria and hyperglycemia on this diet without insulin.

As a part of my search for information, I addressed a letter to Dr. Alice Hamilton. The following excerpt from Doctor Hamilton's letter summarizes well the information available:

"So far as I can ascertain from the physiologists here, the glycosuria which follows carbon monoxid poisoning has nothing in common with diabetes, but is caused by asphyxia releasing adrenal fluid into the circulation, the latter causing discharge of sugar from the liver to the blood. It is always transient, the amount of sugar excreted never exceeds the glycogen content of the liver; it follows asphyxia from other causes, such as oxygen privation, and hydrocyanic acid poisoning.